FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$49250

(1)

JEFF BUFFONI SALES, INC.

								ı					
Principal Place of Business Mailing Address									T HOURING HE DIRECTIONS CONTRACTOR STATE BOTH STREET STREET STREET STREET STREET				
2049 PALM GARDENS DR #301 WEST PALM BCH FL 33414 US				P.O. BOX 211434 WEST PALM BCH FL 33421-1434 US					·				
									 Date Incorporated or Qualified 05/01/1991 	,	ate of Last R 01/1996	leport	
2. Principal Pl	ace of Business		2	 Mailing Address 	SS				4. FEI Number		Ar	oplied For	
21			20						65-0257506			ot Applicable	
Suite, Apt #, etc				Suite, Apt. #, etc.					5. Certificate of Status Desired Fee Required				
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country			Zip Cou			Country		8. This corporation has liability for intangible tax under s. 199.032,				
24	25		21	· · · · · · · · · · · · · · · · · · ·	30	ļ <u>.</u>				Yes [
	9. Name and	Current Rec	legistered Agent			γ	1	10. Name and Address of New Registered Agent					
WIT	KOWKSI, RONA	TD				81	Name						
12798 W FOREST HILL BLVD SUITE 1058							Street A	eet Address (P.O. Box Number Is Not Acceptable)					
	ST PALM BEACI	H FI 334	14			83						***************************************	
***	OI IADII ODAOI	1116 001	17										
						84	City			FL	85 Zip	Code	
11. Pursuant t	to the provisions o egistered agent, o m familiar with, an	of Sections or both, in the	607.0502 and	607.1508, Florid orida, Such chang	a Statutes, je was auth	the abov	e-named the corp	corpora poration	tion submits this statement for the p s board of directors. I hereby accep		changing it ointment as	ts registered registered	
•	ere resembles with it dis	u accept ii	io obligations	or, Section bor.	NOO, 1 10110	a Statuto	.						
SIGNATURE	Signature typed or profit	ed name o' rug	istered agent and	tile il applicable.	(NOTE FI	gistered Ag	ent signature	e required w	hen reinstating)	DATE			
12.		OFFIC!	ERS AND DIR	RECTOR\$		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	IS IN 12	
THILE	PST			DEI	ETE	1.1 TITLE					Change	Addition	
NAME	BUFFONI, JE	FF				1.2 NAME							
STREET ADDRESS	2545 PLAYER	1 6 CT 2	049 801	lo 64raeu	604.	1.3 STREE	ADDRESS	1					
CITY-ST-ZIP	WELLINGTON	l FL				1.4 CITY - :	ST-ZIP	1					
TITLE	D			DE	"ETE	2.1 TITLE		Ţ			Change	Addition	
NAME	BUFFONI, JE	FF			.	2.2 NAME							
STREET ADDRESS	2545 PLAYER	19-ET 24	149 Pole	6 AROCAIS	hive !	2.3 STREE	ADDRESS						
CHY-ST-ZIP	WELLINGTON	I FL			I	2 4 CITY-	ST-ZIP						
TITEF				☐ DE	LETE	3.1 TITLE					Change	Addition	
NAME					•	3.2 NAME	}	}					
STREET ADDRESS						3.3 STREE	ADDRESS						
CITY - ST - ZIP						3.4. CITY-	ST-ZIP	L					
TOLE				DEI	_ETE	4.1 TITLE					Change	Addition	
NAME						4. 2 NAME	İ						
STREET ADDRESS					•	4.3 STREE	r address]					
CrTY - ST - ZIP						4.4 GITY-:	ST-ZIP	<u> </u>					
TUTCE				DE	LETE	5.1 TITLE					Change	Addition	
NAME						5.2 NAME	1	1					
STREET ADORESS						5.3 STREE	T ADDRESS						
CITY-ST-ZIP					 	5.4 CITY-	ST-ZIP						
TITLE				☐ DE	LETE	6.1 TITLE		T			Change	Addition	
NAME						6.2 NAME	ļ						
STREET ADDRESS						6.3 STREE	r address	1					
CITY-ST-7iP						64 CITY-							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

FILED

Apr 17 1997 8:00am

Secretary of State

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54-788-9386